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To: U.S. Patent and Trademark Office			
Information Disclosure Statement by Applicant			

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Applicant: SERNESI et al. 10/539579
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Filing Date: June 17, 2005
Examiner:
Group Art Unit:

Date: June 17, 2005

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U.S. PATENT/PATENT APPLICATION DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
/A.M./	AR	2005/0045263	03/2005	Heuft			09/2002
/A.M./	BR	5,858,143	01/1999	Bright			
	CR						
	DR						
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
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FOREIGN PATENT DOCUMENTS

		Document Number	Date MM/YY YY	Country	Inventor Name	Enclosed/ Cited Above	N O	Enclosed/ Cited Above	N O
/A.M./	OR	DE20115480	05-2002	Germany	Heuft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
/A.M./	PR	EP1197468	04/2002	Europe	Robino	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/A.M./	QR	DE19927668	12/2000	Germany	Dallabetta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
/A.M./	RR	FR2342207	09/1977	France	Kronseder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
/A.M./	SR	EP1205388	05/2002	Europe	Kramer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
/A.M./	TR	WO0158763	08/2001	PCT	Perez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

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CCR						

Examiner: /Ayub Maye/

Date Considered:

01/14/2008

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